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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VILLAS OF	Matanzas Home	adhers Associ	ation, Inc.
DOCUMENT NUMBER: NO300004	950		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Paul Smiley (Name of	Contact Person)		
<u>Willas of Matanz</u>	as Homeowhers (Company)	Association, In	C .
608 S. Matanzas	Onit Address)		·
Tampa, FL 336 (City/State	e and Zip Code)		
Paul smiley psyd (E-mail address: (to be use	e qmail. com d for uture annual report notif	ication)	
For further information concerning this matter, please	e call:		
Paul Smiley (Name of Contact Person)	at (847) 420	1 - 5088 time Telephone Number)	
Enclosed is a check for the following amount made p	•	,	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

Articles of Amendment to Articles of Incorporation of



VILLAS OF MATANZAS HOMEOWNERS ASSOCIATION, INC.

VIGINIO OF HATANZAS HOPEOV			
(Name of Corporation as cu	rrently filed with	the Florida Dept. of S	<u>tate</u>)
NO3	3000004950		
(Document N	Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles o		, this <i>Florida Not For</i> ,	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			corporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)			
			
			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/o	an registered office	address in Florida as	ntor the name of the
new registered agent and/or the new re	egistered office add	lress:	iter the name of the
Name of New Registered Agent:	,		
New Registered Office Address:	(Flori	da street address)	
			. Florida
	-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registe position.	nging Registered A	<mark>gent:</mark> familiar with and acco	ept the obligations of the
_	Clause	D-invariant to the control of the co	· .
	signature of New	Registered Agent, if ch	anging

Page 1 of 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
Pres.	Michelle Palat	Unit #6 Tampa, FL 33607	□ Add □ Remove
Pres	Paul Smiley	bogs. Matahzas Aue. Unit-#1 Tampa, FL 33609	Add Remove
	·		☐ Add ☐ Remove
E. If amendin (attach add	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific	hange(s) here:	
		·	
-			***************************************
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8 (11
Signature Rand Surley
(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, of
other court appointed fiduciary by that fiduciary)
Paul Smiley
(Typed or printed name of person signing)
President
(Title of person signing)

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